

ST. JOSEPH CATHOLIC SCHOOL

RETURNING STUDENT REGISTRATION & CONTRACT 2023-2024

Family Information (Please Print Clearly)

Family/Student Last Name _____

PRIMARY FAMILY EMAIL: _____

Additional emails to include: _____

Father's First Name _____ Last Name _____

Father's Phone: Cell _____ Work _____

Mother's First Name _____ Last Name _____

Mother's Phone: Cell _____ Work _____

Address _____ City _____ Zip _____

Additional Address (please specify) _____

_____ Please Check If Parish Member. If not, what is your parish? _____

Student Registration Information

Student First Name	Birthdate	Grade 23-24 School Year	Gender	Religion
_____	_____	_____	M/F	_____
_____	_____	_____	M/F	_____
_____	_____	_____	M/F	_____
_____	_____	_____	M/F	_____
_____	_____	_____	M/F	_____

If registering a child for K3 and/or K4, please circle full or half day:

K3: Full Day or Half Day

K4: Full Day or Half Day

Race/Ethnicity (circle) American Indian Hispanic/Latino Asian Caucasian Black Other

Enrollment Contract St. Joseph Catholic School, located at 2750 N. 122nd Street, Wauwatosa, WI 53222, hereby agrees to accept the enrollment of the above student(s) for the 2023-2024 school year. This acceptance is conditional upon the student(s) meeting the requirements and policies of St. Joseph Catholic School and further upon their adherence to the rules and regulations as stated in the St. Joseph Catholic School Family Handbook.

Schedule of Payments Please circle option 1, 2, 3 or 4

1. One annual payment in full by August 1st, 2023 – send directly to the school or parish
2. BLACKBAUD Tuition Management – 10 monthly payments (July - April)
3. BLACKBAUD Tuition Management – 12 monthly payments (July - June)
4. BLACKBAUD Tuition Management – quarterly payment plan (July, October, January, April)

For option 2, 3 or 4, please enroll online with BLACKBAUD Tuition Management:
www.parent.blackbaud.school. Our school ID is: 11476

Tuition Schedule 2023-2024

	Tuition & Fees Non-Parish	Parish Subsidy	Tuition & Fees Active Parishioners	Minimum Recommended Parish Annual Stewardship
K3 – Half Day TUES/WED/THU	\$2,360.00		\$2,360.00	
K3 – Full Day TUES/WED/THU	\$3,360.00		\$3,360.00	
1 STUDENT (4K/Half Day)	\$4,720.00	\$1,835.00	\$2,885.00	\$1,300.00 (\$25/week)
1 STUDENT (Full Day K4-8)	\$6,720.00	\$3,220.00	\$3,500.00	\$1,300.00 (\$25/week)
2 STUDENTS (Full Day K3-8)	\$10,750.00	\$4,725.00	\$6,025.00	\$1,400.00 (\$27/week)
3 STUDENTS (Full Day K3-8)	\$16,125.00	\$8,075.00	\$8,150.00	\$1,450.00 (\$28/ week)
4 STUDENTS (Full Day K3-8)	\$21,500.00	\$12,125.00	\$9,375.00	\$1,500.00 (\$29/week)
5 STUDENTS (Full Day K3-8)	\$26,880.00	\$16,505.00	\$10,375.00	\$1,600.00 (\$31/week)

Half Day K3 students do not count towards multi-student discounts. A non-refundable registration fee of 100.00 per family is due with registration.

In accordance with Archdiocese of Milwaukee guidelines, active parish members are registered members who regularly participate in the prayer and worship life of the community and demonstrate stewardship through sharing of time, talent and financial contributions to the parish.

Registration Fee & Tuition There is a \$100 per family non-refundable registration fee. This fee is prepaid tuition and is due with this registration form. Please make checks payable to St. Joseph School. For tuition management, parents can enroll in Blackbaud (www.parent.blackbaud.school.com School ID: 11476). Services for parents include online account access, tuition and fees invoicing, payment processing, and 24-hour customer service.

_____ My family is participating in the school choice program.
M/WPCP (Milwaukee Parental Choice Program/Wisconsin Parental Choice Program)

Payment

Tuition Owed: \$ _____ Parishioner/Non Parishioner
 \$ - 100.00 Registration Fee Paid (\$100 K4-8)
 \$ _____ Balance Due

In the event of a default by the parents, the school, in addition to all remedies available by law, shall have the option to deny enrollment in the subsequent school year as well as withhold report cards and diplomas. Default shall include, but not limited to, failure to make the payments set out herein. This agreement shall not be amended unless by written agreement of the parties. The terms of this agreement shall be legally binding upon the parties.

As parent/legal guardian, I verify that all the information on this form is true to the best of my knowledge.

Signature: _____ Date: _____

St. Joseph Catholic School is non-discriminatory in its admissions policies and admits students of any race, color, and national or ethnic origin.

For Office use only: Date Received: _____ Amount Paid: _____ Check Number: _____